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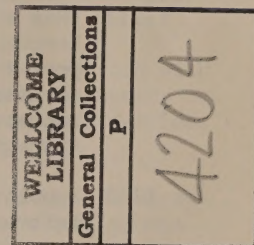
APPENDIX A to PHLS Tech 73/14



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
Alexander Fleming House Elephant and Castle London SE1 6BY

To: New District Councils)
London Borough Councils)
Common Council of the City of London)
Regional Health Authorities)
Area Health Authorities)
County Borough Councils)
Borough Councils) In England
Urban District Councils)
Rural District Councils)
Regional Hospital Boards)
Boards of Governors)
Hospital Management Committees)
Executive Councils)
Joint Liaison Committees)

*use PHLS (Tech.)
73/13.14*



October 1973

REORGANISATION OF LOCAL GOVERNMENT

REORGANISATION OF NATIONAL HEALTH SERVICE

TRANSITIONAL ARRANGEMENTS AND ORGANISATION AND DEVELOPMENT OF SERVICES

CONTROL OF NOTIFIABLE DISEASES AND FOOD POISONING

Summary

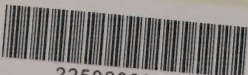
1. This circular draws attention to the effect of the reorganisation of local government and of the National Health Service on arrangements for control of notifiable diseases and food poisoning. It outlines the respective responsibilities of the local authorities (including port and airport authorities) and health authorities and the functions of the "proper officer" and staff working with him in controlling notifiable diseases and food poisoning; the Appendices list relevant statutory provisions and current administrative guidance. The circular emphasises the importance of early and full collaboration between all concerned in local government and in the health service so as to ensure continuity of control arrangements on re-organisation of the services, and lists action to be taken including action required before 1 April 1974.

Action required before 31 March 1974

2. This paragraph summarises the action which should be taken as early as possible before 31 March 1974, with references to later paragraphs in this circular containing more detailed advice on each point:-

- (i) New district councils and all London borough councils* and the new Area Health Authorities (AHAs) must make arrangements to ensure that they and their officers are ready to carry out their responsibilities for controlling infectious diseases and food poisoning from midnight 31 March 1974 - (paragraphs 3-6);
- (ii) Local authorities are asked to designate as their proper officer for functions relating to notifiable diseases and food poisoning a doctor who will also be a community physician of the AHA - (paragraphs 7-17);
- (iii) AHAs should consult each of the new district councils or London borough councils in their Area to identify the community physician post which will also carry the responsibilities of proper officer for each local authority, in time for the local authorities to be represented on the Advisory Appointments Committee for that post - (paragraphs 18-19);
- (iv) Appointments to these posts must be made as early as possible before 31 March 1974 - (paragraph 20);
- (v) Similar arrangements should be made for the appointment of medical officers who are community physicians to be responsible for the control of infectious diseases at ports and airports - (paragraph 21);
- (vi) Senior officers of the AHA and the local authority must arrange for doctors, health visitors, nurses, public health inspectors and office staff to work with the proper officer for the continuous functions for controlling notifiable diseases and food poisoning - (paragraph 22);
- (vii) Arrangements must be made by the AHA and local authority to ensure that appropriate staff, over whom the proper officer (by arrangement with the senior officers concerned) would have executive control when he receives a notification which calls for investigation, are available to work with him without delay as required. Officers through whom such staff can be mobilised must be identified by name in advance - (paragraph 23);
- (viii) The chief officers concerned should prepare lists of staff for those purposes before the proper officer/community physician is appointed - (paragraph 27);
- (ix) Field staff should be told that they are liable to be called on to work under the executive control of the proper officer in the circumstances described in paragraph 23 - (paragraph 27);

*In this circular all reference to London borough councils should be read as including references to the City of London and the Temples.



- (x) Local authorities should before 31 March 1974 authorise by name an alternative medical officer of the AHA with appropriate experience to act on behalf of the proper officer in his absence - (paragraph 28);
- (xi) There should be a 24-hour rota of medical officers on call, to operate from midnight 31 March 1974 - (paragraph 29);
- (xii) AHAs should arrange that hospital facilities are made readily available to the proper officer in connection with his work of controlling infectious disease or food poisoning, as required - (paragraph 24);
- (xiii) The proper officer should have close contacts with the Control of Infection Officers of hospitals in his district, and with education authorities and their medical and nursing advisers - (paragraphs 24-25);
- (xiv) The proper officer/community physician should be provided with accommodation both in health service and in local authority offices near the staff who will work with him in both services - (paragraph 26);
- (xv) Local authorities should arrange to circulate before 31 March 1974 the names and official and home addresses and telephone numbers of the proper officer and his alternative to all doctors (including those in private practice) in the local government district, including doctors working in hospital; to the Public Health Laboratory Service and the Employment Medical Advisory Service; to the local police; to the Regional Health Authority; and to the Department of Health and Social Security. This information should also be circulated to senior officers of the AHA, including District Officers and ambulance control staff - (paragraphs 30 and 35);
- (xvi) The same information, together with the list of medical officers on call, should be given to the staff of the local authority and of the health authority responsible for dealing with telephone enquiries. There must be arrangements to ensure that urgent telephone calls out of office hours can be accepted and dealt with promptly - (paragraph 31);
- (xvii) Existing district Medical Officers of Health should arrange for sets of relevant statutory and administrative documents on control of notifiable diseases and food poisoning to be assembled for use by the future proper officer. Similar arrangements should be made in London. They should also arrange for the transfer of local records and other information - (paragraphs 32-36);
- (xviii) A working group of senior officers concerned with the control of notifiable diseases and food poisoning should be appointed to support the Joint Consultative Committee in each health Area - (paragraphs 37-38);

Functions relating to control of notifiable diseases and food poisoning;
importance of continuity of service during re-organisation

3. After reorganisation of local government and of the National Health Service statutory functions relating to the prevention, notification, control and treatment of notifiable diseases and food poisoning will be exercised by the new district councils and health authorities and their officers in place of the existing ones. The statutory functions themselves remain unchanged.
4. Appendix A to this circular lists the statutory provisions relating to the control of notifiable diseases and food poisoning, and explains the effect of the Local Government Act 1972 and the National Health Service Reorganisation Act 1973 on these provisions. Appendix B lists the notifiable diseases and the statutory provisions and administrative guidance applicable to each such disease. In relation to the prevention of food poisoning (which is not defined in legislation) certain infections which must be brought to the attention of the local authority's proper officer are referred to in the statutory provisions mentioned in Part III of Appendix B.
5. Services under the National Health Service Acts for the prevention and treatment of illness for whose provision Area Health Authorities will be responsible include various services contributing to the prevention, control and treatment of notifiable and other communicable diseases; these include health education, health visiting, vaccination and immunisation, hospital treatment of infectious diseases and other relevant health services. These health services extend to communicable diseases generally, including but not confined to those which are notifiable under the Public Health Acts. This circular concentrates on measures for the control of notifiable diseases and food poisoning, and the ways in which local authorities and health authorities will need to collaborate with each other in this connection; this work should, however, not be separated, within the National Health Service, from similar work on communicable diseases generally.
6. It is essential that there should be no hiatus in the arrangements for the control of notifiable diseases and food poisoning during the transitional period before and immediately after reorganisation of local government and of the National Health Service. The local authorities and health authorities and their officers must carry out their respective functions at once whenever occasion arises. Officers who will be responsible for the exercise of these functions from 1 April 1974 and the services required to support them must be identified well in advance and available for action from midnight 31 March 1974. This will require the closest co-ordination and collaboration between the local authorities and the Area Health Authorities; the action which needs to be taken is described in the following paragraphs of this circular.

Statutory responsibilities and collaboration

7. The functions in relation to notifiable diseases and food poisoning which fall to local authorities and their officers under the Public Health Acts 1936 (Part V) and 1961 (Part III), the Health Services and Public Health Act 1968 (Part III) and the Food and Drugs Act 1955, and Regulations made under these Acts, will from 1 April 1974 be the responsibility of the new district councils and (as now) of London Borough Councils, the Common Council of the City of London, and of the Sub-Treasurer and Under-Treasurer of the Inner and Middle

Temples. Some of these functions are laid by these statutes (as amended by the Local Government Act 1972) on the authorities themselves, and the authorities are obliged under section 112 of the 1972 Act to appoint such officers as they think necessary for the discharge of their functions. Others are laid by the statutes (as amended) directly on a "proper officer" of these authorities. A medically qualified person with appropriate training and experience will need to be employed for this purpose (see paragraphs 11-17 below).

8. Chapter 3 of the "Report from the Working Party on Collaboration between the NHS and Local Government on its activities to the end of 1972" which was circulated with HRC(73)17 (copies were sent to the Secretaries/Clerks of Committees established under Sec 264(1) of the Local Government Act 1972) recommends that the local authority's medical adviser on environmental health (who should be appointed as its proper officer in relation to control of notifiable diseases and food poisoning) should also be a member of the health team working within the National Health Service. The Secretary of State strongly endorses the recommendations in para 3.4 of the Working Party's report, including the recommendation that the local authority's medical adviser should also have duties in the National Health Service, and that whole-time employment of medical staff by a local government district or districts should be avoided.

9. Medical Staff at present employed by local authorities wholly or mainly on public health functions are transferable, within the terms of Sections 18 and 19 of the National Health Service Reorganisation Act 1973, to the new health authorities. (Separate circulars are being issued on the detailed arrangements, including HRC(73)25 issued in August 1973). Under Section 11(3) of the 1973 Act the Secretary of State has a duty (which will be made exercisable by AHAs) to make available to local authorities the services of medical practitioners so far as is reasonably necessary and practicable to enable local authorities to discharge their functions relating to public health.

10. Further guidance on the functions of the local authority and its medical adviser in relation to the field of environmental health generally will be given in a separate circular.

Appointment and responsibilities of a medically qualified officer for control of notifiable diseases and food poisoning

11. In general, local authority functions in connection with notifiable diseases and food poisoning have hitherto been performed by Medical Officers of Health and their staff. The previous statutory requirement to appoint Medical Officers of Health is removed by Section 112(3) of the Local Government Act 1972. From 1 April 1974 these functions will be performed by a "proper officer" of the local authority, to be appointed under the arrangements described in paragraphs 12-20 below, assisted by staff made available to him both by the local authority and by the AHA as described in paragraphs 22-25 below.

12. The control of notifiable diseases and food poisoning requires medical knowledge, some of a specialised kind. Requirements as to the qualifications of persons appointed to undertake this work were imposed by the Public Health Officers Regulations 1959 made under the Local Government Act 1933. The 1933 Act and the 1959 Regulations are repealed by the Local Government Act 1972. While the possession of such qualifications will no longer be a statutory requirement after 1 April 1974 it is nevertheless essential that

proper officers appointed by local authorities to perform these functions should have had training and experience in this type of work.

13. The control of communicable diseases requires expert knowledge of the sources and modes of spread of the causative agents of these diseases, familiarity with their clinical manifestations, ability to interpret the result of microbiological and immunological investigations, and a thorough acquaintance with the resources available for the treatment of cases and prevention of spread of infection. These requirements can be satisfied only by medically qualified persons with specialised post-graduate training and experience.

14. There are particular advantages to be gained from the appointment as the local authority's proper officer for these functions of a community physician with the appropriate training and experience who is also to work within the National Health Service. Apart from his own specialised knowledge such an officer will be in a position to establish the professional relationships necessary for the discharge of his duties for the local authority and to relate these to the wider aspects of control of communicable diseases in the National Health Service. The establishment of such professional relationships is particularly important in the handling of medically confidential information, such as notifications of disease.

15. To control notifiable disease or food poisoning the services of other staff will be required both from local government and from the National Health Service - in particular public health inspectors employed by local authorities, and doctors, health visitors and nurses employed by Area Health Authorities; this will be facilitated if the medically qualified proper officer has responsibility in the National Health Service as well as for the local authority.

16. Although statutory functions under the Public Health Acts as regards the control of notifiable diseases will lie with the local government district this function should not be separated from other aspects of the control of notifiable diseases (such as vaccination and immunisation) and the control of communicable diseases generally, for which responsibility will lie with the health authorities (see paragraph 5 above). It is highly desirable that the proper officer should be a community physician who is also responsible to the AHA for some preventive health functions, in particular vaccination and immunisation. (Advice on future arrangements for vaccination and immunisation services will be the subject of a separate circular to health authorities.)

17. For these reasons, and in accordance with paragraphs 13-19 of HRC(73)17 and the Department's letter of 2 August 1973 about the appointment of medical staff in relation to environmental health including port health, local authorities are asked to appoint as their medical adviser on environmental health, and to designate as their "proper officer" for functions relating to notifiable diseases and food poisoning, a doctor who will also be a community physician of the Area Health Authority.

18. Each local authority should have only one community physician acting in this capacity. Where the health Area matches a metropolitan district or a single London Borough, the appropriate post will normally be that of a specialist in community medicine at AHA headquarters, even if the health Area contains more than one health district. Where the health Area matches a non-metropolitan county and consists of a single health district, it will

be appropriate for a specialist in community medicine at AHA headquarters to perform these functions for all the local government districts within the county. In all other situations the appropriate post will probably be that of a District Community Physician (DCP); he would be appointed to exercise the local government functions for the district council or London borough council throughout the Council's area even though this might not correspond precisely with his health district. Whether the appropriate post is that of a DCP or of a specialist in community medicine at AHA headquarters, it will normally carry other responsibilities additional to those which are the subject of this circular. For example, in most cases it will be convenient to combine responsibilities as (a) proper officer for notifiable diseases and food poisoning, (b) medical adviser to the local authority on other aspects of environmental health, (c) where applicable, proper officer for port or airport health, (d) National Health Service responsibilities for communicable diseases generally and (e) other National Health Service responsibilities either at AHA headquarters or as DCP.

19. As health districts have now been determined, AHAs should immediately consult each of the new district councils or London borough councils in their area in order to identify which post will carry these responsibilities on behalf of each local authority. This is necessary in order that arrangements can be made for the local authorities to be represented on the Advisory Appointments Committee for that post (the arrangements will be described in another circular to be issued shortly) and for experience and training appropriate to the local government work (see paragraphs 12-13 above) to be made a requirement of the appointment. The officer so appointed should have direct access to the local authority and to any committee of the authority dealing with the services relevant to his local authority functions.

20. Appointments to these posts must be made as early as possible before 31 March 1974, so that the person appointed can ensure that there are proper arrangements for the control of notifiable diseases and food poisoning as described in the following paragraphs to operate from midnight 31 March 1974.

Port and airport health

21. The control of notifiable diseases and food poisoning in ports and airports is governed by the same statutory provisions as apply elsewhere. In addition the Public Health (Aircraft) Regulations 1970 and the Public Health (Ships) Regulations 1970 require the authorities concerned to appoint or authorise medical and other officers to perform certain duties in relation to aircraft and ships. Some of these concern the control of infectious diseases and can be properly carried out only by a registered medical practitioner. Similar arrangements to those set out in the above paragraphs will therefore apply and AHAs and the local authorities who will be responsible for port and airport health are asked to co-operate over the appointment of the community physician who will be the proper officer for these purposes (see also paragraphs 3.26-3.29 of the Report of the Working Party on Collaboration referred to in paragraph 7 above).

Supporting staff; arrangements for dealing with outbreaks of disease; contacts with hospitals and schools

22. For the effective exercise of its functions in relation to the control of infectious diseases and food poisoning the local authority will require medical advice from the community physician appointed as proper officer on a continuous basis. He will need the support of staff both of the AHA (in particular, doctors, health visitors and nurses) and of the local authority (in particular, public health inspectors or other professional staff and executive and clerical staff) working regularly with him. In connection with his health service responsibilities for the control of notifiable and other communicable diseases (see para 16) he will need similar support. Work connected with notifiable and other communicable diseases and food poisoning - for local government and the health service together - will, however, not normally be full-time for these supporting staff (nor for the proper officer/community physician himself); the proper officer/community physician will need to establish a close working partnership with their senior officers who should arrange for staff to give an appropriate amount of time to this work. (Some full-time staff may be needed at major ports or airports.)

23. In the specific situation when the proper officer has received notification under Section 48 of the Health Services and Public Health Act 1968 of a case or cases of notifiable disease (including food poisoning) - or information about a suspected case or cases - which calls for investigation and further action, he must for this purpose have executive control over appropriate staff of both the local authority and the NHS in any part of his district. This is likely to involve members of the professions mentioned in paragraph 22 but will sometimes extend to many more than those who work regularly with him. He must be able to call at short notice on the services of any officers of the local authority or the NHS which he needs in this situation, and they must know that they are expected to work under his control without delay when required for this purpose. The proper officer/community physician will need to make appropriate arrangements in advance with their senior officers; he must be notified in advance of named officers (including those on duty at weekends and at night) through whom such staff can be mobilised without delay. Where a DCP is the proper officer for a local government district extending beyond his own health district, these arrangements must cover health visitors and other staff in neighbouring health district(s).

24. The proper officer/community physician will be concerned with notifiable diseases or food poisoning occurring in hospitals, as in any other place. For this reason, and more generally, he will need to have close contacts with the Control of Infection Officer in each hospital within the local government district(s) which he serves. Arrangements will need to be made with the hospital administration in advance to ensure that all necessary facilities will be placed at his disposal whenever they may be needed.

25. He will also be concerned with notifiable diseases or food poisoning occurring in schools. For this purpose he will need to have close contacts with the local education authority and the specialist in community medicine and nursing officer at AHA headquarters who will be responsible for providing medical and nursing advice and services to the education authority.

26. The proper officers/community physicians will need to be in regular contact with staff both of the local authority and the NHS. It will probably be most convenient for them to have their main offices in health service premises, but they will also need rooms for their own use in the local authority's offices, both for their work in connection with notifiable

diseases and food poisoning and in their wider capacity as medical advisers on environmental health generally.

Action in preparation for reorganisation

27. As it is likely that the community physicians who are also to be proper officers will not be appointed until after other senior AHA and local government officers, District Nursing Officers (or if they are not in post by 1 February 1974, the Area Nursing Officer) should identify nurses or health visitors who will be available to work with each proper officer/community physician on a continuous basis as described in para 22 above, and also lists the nurses or health visitors through whom other staff can be mobilised when needed as described in para 23 above, so that he can discuss arrangements with them as soon as he is appointed. Similar lists of public health inspectors and office staff should be prepared by the appropriate senior officers of the local authorities. These initial arrangements may need to be of a temporary nature and subject to review as the staffing structure of the new local authorities and health authorities develops after April 1974. But at all times sufficient staff must be available for these purposes. Nurses, health visitors and public health inspectors in each part of the local government district should be told that they are liable to be called to work under the control of the proper officer/community physician as he requires as described in paragraph 23.

28. It will also be necessary for another community physician with experience in environmental health and the control of infectious diseases and food poisoning to be authorised by name by the local authority to act on behalf of the proper officer in his absence. This should be done before 1 April 1974. This alternative proper officer may be one of the other District Community Physicians within the same or a nearby health Area or a specialist in community medicine at AHA headquarters.

29. There should be a 24-hour rota of medical officers on call to deal with notifiable diseases and food poisoning. In addition to the proper officer and his designated alternative, this may need to include other medical officers in the health district or Area. Such arrangements must be made so as to operate from midnight 31 March 1974; the proper officer/community physician will need to work them out in consultation with his designated alternative and the Area Medical Officer and/or medical staff who are to be transferred to the employment of the AHA.

30. The local authority should ensure that a notice recording the name of the doctor appointed as the proper officer for these functions and the name of his designated alternative is circulated as early as possible and in any case before the end of March 1974, to all medical practitioners (including any practitioners known to be in private practice) practising in the local government district (as distinct from the health district), including doctors working in hospitals. The notice should include the official and home address and telephone numbers of these doctors and should identify the address to which official written correspondence (including statutory notifications) should be sent. This information should be sent simultaneously to the Public Health Laboratory Service; to the Employment Medical Advisory Service; to the local police; to the Regional Health Authority; and to the Department of Health and Social Security (Mrs Atkinson Room A415, Alexander Fleming House). It should also be circulated to senior officers of the AHA (including District officers and ambulance control staff). The information should be kept up to date by the issue of notice of any subsequent changes in these appointments or in office or home addresses or telephone numbers (See also paragraph 35 below.)

31. This information should be given to the staff of the local authority and of the health authority (at area and district) who are responsible for dealing with telephone enquiries, who should also have the list of doctors on call (see paragraph 29 above). Arrangements should be made to ensure that urgent calls out of office hours can be accepted and dealt with promptly.

Documents, records, local information and local Orders

32. Medical Officers of Health of existing local authorities including port and airport health authorities are asked to arrange for sets of all the relevant enactments, regulations and guidance documents listed in the Appendices to this circular to be assembled for use by the proper officers of their successor authorities. The local authorities in London should check that complete sets are available for use by their future proper officers. Any of these documents not available locally can be obtained on application from the Department of Health and Social Security (Mrs Atkinson, Room A415, Alexander Fleming House, telephone 01-407 5522 ext 7372).

33. HRC(72)3 asked JLCs to co-ordinate preparatory work by existing authorities on planning the transfer of records, including patients' records, to the new authorities. This should extend to the transfer by Medical Officers of Health of existing local authorities to the future proper officers, of records of notifiable diseases and food poisoning, and other local information such as lists of typhoid and paratyphoid carriers resident in the district.

34. The new proper officers will be responsible from 1 April 1974 for the weekly and quarterly returns under Regulation 7 of the Public Health (Infectious Diseases) Regulations 1968. Medical Officers of Health of existing authorities should deal with the weekly returns for the week ending Friday 29 March 1974, and should hand on to the future proper officers information which they will need to include in the weekly return for the week ending Friday 5 April 1974 and the quarterly return due to be made by 21 April 1974 for the months January-March 1974.

35. Local authorities provide medical practitioners with forms for statutory notifications of cases of notifiable diseases and food poisoning; these forms at present usually include the name and address of the Medical Officer of Health to whom the notification should be sent. Local authorities should continue to supply such forms and local arrangements will need to be made to ensure that from 1 April 1974 they are sent to the proper officer at the correct address (see also paragraph 30 above).

36. Local Orders made under Section 147 of the Public Health Act 1936 as amended by Section 52 of the Health Services and Public Health Act 1968 extending locally the category of notifiable diseases will continue in force by virtue of Section 262 of the Local Government Act 1972 and will be limited to the areas to which they now apply. The Department of the Environment intended to issue guidance shortly on the effect of Section 262; taking this guidance into account, Medical Officers of Health of existing local authorities should, before 1 April 1974, inform the future proper officers about any such Orders applicable to any part of the area of the future local government districts.

Joint Consultative Committees

37. Paragraphs 6-9 of HRC(73)17 refer to the setting up of Joint Consultative Committees to advise the future local authorities and AHAs on collaborative activities and on the planning and operation of services of common concern, including environmental health. Paragraph 10 of that circular refers to the need for working groups of senior officers to support these committees. One such group in each health Area should be concerned with notifiable diseases and food poisoning. This should include the community physician(s) designated as proper officer(s) of the district council(s) in the health Area, a representative of the Public Health Laboratory Service, and others with responsibilities in this field (for example, clinicians in hospital and general practice; public health inspectors; the Area Medical Officer; the Area Nursing Officer or designated member of her staff; and other relevant health service and local authority staff).

38. Guidance will be given in another HR circular on the establishment of Joint Consultative Committees. It is hoped that they will be set up early in 1974. The Joint Consultative Committee, supported by the group of officers mentioned in paragraph 37 above, will keep under review the arrangements made in accordance with paragraphs 11-31 above, and their operation in practice.

Area Health Authorities

39. Twenty additional copies of this circular have been sent to Secretaries of Area Joint Liaison Committees for distribution to Chairmen and members of Area Health Authorities.

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01-407 5522 Ext 7372

D/I13/63

Copies of this circular may be obtained from
Central Store
DHSS Depot
Primrose Mill
Clitheroe
Lancashire BB7 1BP
Telephone 0200-2-2187

POWERS RELATING TO THE CONTROL OF NOTIFIABLE DISEASE AND FOOD POISONING

PART I PUBLIC HEALTH ENACTMENTS

Public Health Act 1936*

Section 143	Power of Secretary of State to make regulations for prevention and treatment of infectious diseases etc. Power to enable authorised officers of enforcing authorities specified by regulations to enter premises, vessels or aircraft for the purposes inter alia of preventing the spread of infection.
Section 147 [†]	Power of local authority to declare further diseases notifiable;
Section 148	Penalty for exposure of persons to risk;
Section 149	Penalty for carrying on occupation involving risk to others;
Section 150	Permission for children exposed to infection to attend school;
Section 151	Power of proper officer to require list of day scholars at school where notifiable disease exists;
Section 152	Restrictions on sending or taking infected articles to laundry or public wash-house, or to cleaners;
Section 153	Power of local authority to prohibit work on premises where notifiable disease exists;
Section 155	Restrictions on the use of library books;
Section 156	Penalty for placing infectious matter in dustbins;
Section 157	Restrictions and penalties on letting accommodation after recent cases of notifiable disease;
Section 158	Provisions for disclosure to house owners of cases of notifiable disease, and for disinfection;
Section 159	Provision as to use of public transport by persons suffering from notifiable disease;
Section 160	Restrictions and penalties on carrying by public transport persons suffering from notifiable disease;
Section 162	Orders by justice of the peace, on certificate from proper officer, for removal of dead body to mortuary or burial;
Section 163	Restrictions on removal of bodies of persons dying in hospital;
Section 164	Restrictions and penalties on contact with body of person who suffered from notifiable disease;
Section 165	Restrictions and penalty on holding wake over body of person who suffered from notifiable disease;
Section 166	Power of local authority to provide disinfecting station;
Section 167	Power of local authority to secure cleansing and disinfection of premises and articles;
Section 168	Power of local authority, on certificate from proper officer, to remove inmates of infected house;
Section 169	Provision for removal to hospital, on order of justice of the peace, of persons suffering from notifiable disease where serious risk of infection being spread;
Section 170	Power of justice of the peace to order detention in hospital of infected person without proper lodging;

* As amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see Note 1 in Part III of this Appendix)

† As amended by and construed in Section 52(1) of the Health Services and Public Health Act 1968.

Food and Drugs Act 1955*

It is the aim of the Act and regulations made under the 1955 Act to prevent the sale of food not fit for human consumption. Particular sections relating to the prevention of the spread of disease by food are section 23 (Prevention of spread of disease by ice-cream) and section 27 (Inspection and control of infected food).

Public Health Act 1961*

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|-------------|--|
| Section 38+ | Power of justice of the peace, or a certificate by a registered medical practitioner nominated by the la for a district, to order a medical examination; |
| Section 39 | Information to be furnished by occupier, on application by proper officer, in case of notifiable disease or food poisoning; |
| Section 40 | Power of local authorities to exclude children from places of entertainment or assembly; |
| Section 41 | Power of proper officer to stop employment to prevent spread of disease and provision for compensation. |

Health Services and Public Health Act 1968*

- | | |
|-------------|--|
| Section 47 | Definition of notifiable disease; |
| Section 48Ø | Cases of notifiable disease and food poisoning to be reported by patient's doctor to the proper officer and by him to the area health authority; |
| Section 49 | Duty of local authority to supply forms to doctors for purposes of section 48; |
| Section 50 | Fees to be paid by local authority to doctors for certificates under section 48; |
| Section 52 | Power of local authority to extend category of notifiable disease; |
| Section 54 | Power of justice of the peace to order medical examination of group of persons believed to include a carrier of a notifiable disease; |
| Section 56 | Construction of section 143 of the Public Health Act 1936. |

PART II STATUTORY INSTRUMENTS+

Public Health (Infectious Diseases) Regulations 1968 (SI 1968 No. 1366)

Public Health (Fees for Notification of Infectious Disease) Order 1968 (SI 1968 No. 1365)

** Public Health (Prevention of Tuberculosis) Regulations 1925 (SI 1925 No. 757)

Public Health (Shellfish) Regulations 1934 (SRO 1934 No. 1342)

* As amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see Note 1 of Part III of this Appendix)

+ As amended by Schedule 4 of the Health Services and Public Health Act 1968

+ As amended by and construed in Sections 52, 53 and 55 of the Health Services and Public Health Act 1968 and as amended by paragraph 38 of Schedule 14 to the Local Government Act 1973 (see Note 3 of Part III of this Appendix)

Ø As amended by Schedule 4, paragraph 122, to the NHS Reorganisation Act 1973 (see Note 2 of Part III of this Appendix)

+ As amended by Section 179 and Schedule 29, paragraph 4, of the Local Government Act 1972 (see note 1 of Part III of this Appendix)

** As amended by The London Authorities (Miscellaneous Health Provisions) Order 1965. (SI 1965 - No: 528)

PART II STATUTORY INSTRUMENTS⁺ (Contd)

Slaughterhouses (Hygiene) Regulations 1958 (SI 1958 No. 2168)
Milk and Dairies (General) Regulations 1959 (SI 1959 No. 277)
Food Hygiene (Docks, Carriers, etc) Regulations 1960 (SI 1960 No. 1602)
Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966
(SI 1966 No. 791)
Food Hygiene (General) Regulations 1970 (SI 1970 No. 1172)
Public Health (Aircraft) Regulations 1970 (SI 1970 No. 1880)
Public Health (Ships) Regulations 1970 (SI 1970 No. 1881)

PART III NOTES

1. The above enactments and regulations are amended and modified by the Local Government Act 1972. Section 179 of the 1972 Act provides for the transfer of functions from existing to new local authorities for the purposes of the Act and where appropriate of public general Acts passed or legislative instruments made before the passing of the Act. Paragraph 13 of Schedule 14 provides that "in sections 152(1), 157, 158(i) and 163(1) (of the Public Health Act 1936) any reference to the medical officer of health of a district or some other registered medical practitioners shall be construed as a reference to the proper officer of the local authority for that district or a registered medical practitioner." Paragraph 14 of Schedule 14 of the 1972 Act provides that "in sections 153(2) and 160(3) (of the P H Act 1936) for any reference to the medical officer of health of a district there shall be substituted a reference to the local authority for the district" and in section 162(1) (of the 1936 Act) for the words from "the medical officer of Health" to "that district" there shall be substituted the words "the proper officer of the local authority for the district in which a dead body lies." Paragraph 4 of Schedule 29 of the 1972 Act provides inter alia that any reference in any enactment passed or instrument made before the passing of the Act to a specified officer of a local authority shall be construed as a reference to the proper officer of a local authority.

2. Section 48 of the Health Services and Public Health Act 1968 which provides for the reporting of cases of a notifiable disease or food poisoning to the local authority is amended by paragraph 122(1) (2) and (3) of Schedule 4 to the National Health Service Reorganisation Act 1973 which reads as follows.

"122. (1) In section 48 of that Act (which provides for the reporting of cases of notifiable diseases and food poisoning to local authorities), for subsection (2) there shall be substituted the following subsection -

(2) The officer who receives the certificate aforesaid shall, on the day of its receipt (if possible) and in any case within forty-eight hours after its receipt, send a copy of the certificate -

(a) to the Area Health Authority within whose area are situate the premises whose address is specified in the certificate by virtue of paragraph (a) of the foregoing subsection: and

+ As amended by Section 179 and Schedule 29, paragraph 4, of the Local Government Act 1972 (see Note 1 of Part III of this Appendix)

(b) if the certificate is given with respect to a patient in a hospital who came there from premises outside the district of the local authority within whose district the hospital is situate and the certificate states that the patient did not contract the disease or the poisoning in the hospital -

(i) to the proper officer for the district within which the premises from which the patient came are situate, and

(ii) to the Area Health Authority for the area in which those premises are situate if that Authority is not responsible for the administration of the hospital and

(iii) to the proper officer of the relevant port health authority constituted in pursuance of section 2 of the Public Health Act 1936 if those premises were a ship or hovercraft situate within the port health district for which that authority is constituted.

(2) Subsection (3) of that section shall be omitted."

3. Section 38(1) of the P H A 1961 which referred to the power of a justice of the peace to order the medical examination of a person believed to be, or to have been, suffering from a notifiable disease was amended and construed in Sections 52, 53 and 55 of the Health Services and Public Health Act 1968 to include references to his being submitted to bacteriological and radiological tests and similar investigations. Section 38 of the Act of 1961 was further amended by paragraph 38 of Schedule 14 to the 1972 Act which substitutes for references to "medical officer of health" references to "a registered medical practitioner nominated by the local authority for a district."

STATUTORY PROVISIONS AND ADMINISTRATIVE GUIDANCE ON THE CONTROL OF NOTIFIABLE DISEASE (excluding those relating to aircraft and ships)

Disease	Relevant statutory provisions	Relevant Administrative Guidance
Acute encephalitis	<p>Sections 143, 148 to 153, 156 to 160, 164, 165, 169 and 170 of the Public Health Act 1936 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>Sections 38 (as originally enacted) and 39 to 41 of the Public Health Act 1961 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>Sections 48* to 51 and 56 of the Health Services and Public Health Act, 1968 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>The Public Health (Infectious Diseases) Regulations 1968. The Public Health (Fees for Notifications of Infectious Disease) Order 1968</p> <p>* As amended by Schedule 4, paragraph 122, to the NHS Reorganisation Act 1973 (see para 2 of Part III of Appendix A)</p>	<p>Circular 30/68) HM(68)59) dated 27 August 1968 ECL 86/68)</p>
Acute meningitis	As for acute encephalitis	As for acute encephalitis
Acute poliomyelitis	As for acute encephalitis	<p>Circular 30/68) HM(68)59) dated 27 August 1968 ECL 86/68)</p> <p>"Immunisation against Infectious Disease" Standing Medical Advisory Committee's booklet issued with the Chief Medical Officer's letter - ML 3/72 dated 10 July 1972.</p>

Disease	Relevant statutory provisions	Relevant Administrative Guidance
Acute poliomyelitis (cont)		"Communicable Diseases contracted outside Great Britain" - Standing Medical Advisory Committee's booklet issued with the Chief Medical Officer's letter - ML 4/72 dated 10 July 1972.
Anthrax	<p>Sections 143, 148 to 153, 156 to 160, 163 to 165, 169 and 170 of the Public Health Act 1936 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>Sections 38 (as originally enacted) 39 and 41 of the Public Health Act 1961 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>Sections 48* to 51 and 56 of the Health Services and Public Health Act 1968 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A).</p> <p>The Public Health (Infectious Diseases) Regulations 1968. The Public Health (Fees for Notifications of Infectious Disease) Order 1968.</p> <p>* As amended by Schedule 4, paragraph 122 to the NHS Reorganisation Act 1973 (see paragraph 2 of Part III of Appendix A)</p>	<p>Circular 30/68) HM(68)59) dated 27 August 1968 ECL 86/68)</p> <p>"Immunisation against Infectious Disease" Standing Medical Advisory Committee's booklet issued with the Chief Medical Officer's letter - ML 3/72 dated 10 July 1972.</p>
Cholera	Sections 143, 148 to 153, 155 to 160, 162 to 166, 168 to 170 of the Public Health Act 1936 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)	As for acute poliomyelitis

Disease	Relevant statutory provisions	Relevant Administrative Guidance
Cholera (cont)	<p>Section 384 to 41 of the Public Health Act 1961 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>Sections 48* to 51, 53, 54 and 56 of the Health Services and Public Health Act 1968 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>The Public Health (Infectious Diseases) Regulations 1968. The Public Health (Fees for Notifications of Infectious Disease) Order 1968.</p> <p>4 As amended by and construed in Sections 53 and 55 of the Health Services and Public Health Act 1968 (see para 3 of Part III of Appendix A)</p> <p>* As amended by Schedule 4, paragraph 122 to the NHS Reorganisation Act 1973 (see para 2 of Part III of Appendix A)</p>	
Diphtheria	<p>Sections 143, 148 to 153, 156 to 160, 164, 165, 169 and 170 of the Public Health Act 1936 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>Sections 384 (as amended) and 39 to 41 of the Public Health Act 1961 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>4 As amended by and construed in Sections 53 and 55 of the Health Services and Public Health Act 1968 (see para 3 of Part III of Appendix A)</p>	As for acute poliomyelitis

Disease	Relevant statutory provisions	Relevant Administrative Guidance
Diphtheria (cont)	<p>Sections 48* to 51, 54 and 56 of the Health Services and Public Health Act 1968 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>The Public Health (Infectious Diseases) Regulations 1968. The Public Health (Fees for Notifications of Infectious Disease) Order 1968.</p> <p>* As amended by Schedule 4, paragraph 122, to the NHS Reorganisation Act 1973 (see para 2 of Part III of Appendix A)</p>	
Dysentery (amoebic or bacillary)	As for diphtheria	<p>Circular 30/68) HM(68)59) dated 27 August 1968 ECL 86/68)</p> <p>"Communicable Diseases contracted outside Great Britain" - Standing Medical Advisory Committee's booklet issued with the Chief Medical Officer's letter - ML 4/72 dated 10 July 1972.</p>
Infective Jaundice	As for diphtheria	As for dysentery
Leprosy	<p>Section 143, 148 to 150, 153, 157, 158, 164, 169 and 170 of the Public Health Act 1936 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>Sections 38 (as originally enacted) and 41 of the Public Health Act 1961 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p>	As for dysentery

Disease	Relevant statutory provisions	Relevant Administrative Guidance
Leprosy (cont)	<p>Sections 48* to 51 and 56 of the Health Services and Public Health Act 1968 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>The Public Health (Infectious Diseases) Regulations 1968. The Public Health (Fees for Notifications of Infectious Disease) Order 1968.</p> <p>* As amended by Schedule 4, paragraph 122 to the NHS Reorganisation Act 1973 (see para 2 of Part III of Appendix A)</p>	
Leptospirosis	<p>Sections 143, 148 to 153, 156 to 160, 164, 165, 169 and 170 of the Public Health Act 1936 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>Sections 38 (as originally enacted), 39 and 41 of the Public Health Act 1961 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>Sections 48* to 51 and 56 of the Health Services and Public Health Act 1968 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>The Public Health (Infectious Diseases) Regulations 1968. The Public Health (Fees for Notifications of Infectious Disease) Order 1968.</p> <p>* As amended by Schedule 4, paragraph 122 to the NHS Reorganisation Act 1973 (see para 2 of Part III of Appendix A)</p>	As for acute encephalitis

Disease	Relevant statutory provisions	Relevant Administrative Guidance
Malaria	<p>Sections 38 (as originally enacted) and 39 of the Public Health Act 1961 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A).</p> <p>Sections 48* to 51 and 56 of the Health Services and Public Health Act 1968 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A).</p> <p>The Public Health (Infectious Diseases) Regulations 1968. The Public Health (Fees for Notifications of Infectious Disease) Order 1968.</p> <p>*As amended by Schedule 4, paragraph 122 to the NHS Reorganisation Act 1973 (see para 2 of Part III of Appendix A).</p>	As for acute poliomyelitis
Measles	As for leptospirosis	As for anthrax
Ophthalmia neonatorum	<p>Sections 143, 148, 152 and 156 of the Public Health Act 1936 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A).</p> <p>Sections 48* to 51 and 56 of the Health Services and Public Health Act 1968 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A).</p> <p>The Public Health (Infectious Diseases) Regulations 1968. The Public Health (Fees for Notifications of Infectious Disease) Order 1968.</p> <p>*As amended by Schedule 4, paragraph 122 to the NHS Reorganisation Act 1973 (see para 2 of Part III of Appendix A).</p>	As for acute encephalitis

Disease	Relevant statutory provisions	Relevant Administrative Guidance
Paratyphoid fever	As for diphtheria	Circular 30/68) HM(68)59) dated 27 August 1968 ECL 86/68) "Immunisation against Infectious Disease" Standing Medical Advisory Committee's booklet issued with the Chief Medical Officer's letter - ML 3/72 dated 10 July 1972 "Communicable Diseases contracted out- side Great Britain" - Standing Medical Advisory Committee's booklet issued with the Chief Medical Officer's letter - ML 4/72 dated 10 July 1972 "Typhoid and Paratyphoid Fevers" - Standing Medical Advisory Committee's booklet issued with the Chief Medical Officer's letter - ML 8/72 dated 16 October 1972
Plague	As for cholera	As for dysentery
Relapsing Fever	As for cholera	As for dysentery
Scarlet Fever	Sections 143, 148 to 153, 156 to 160, 164, 165, 169 and 170 of the Public Health Act 1936 as amended by Schedule 14 and Schedule 29, paragraph 4; to the Local Government Act 1972 (see para 1 of Part III of Appendix A) Sections 38 4 (as amended) 39 and 41 of the Public Health Act 1961 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A) As amended by and construed in Sections 53 and 55 of the Health Services and Public Health Act 1968 (see para 3 of Part III of Appendix A)	As for acute encephalitis

Disease	Relevant statutory provisions	Relevant Administrative Guidance
Scarlet Fever (cont)	<p>Sections 48* to 51, 54 and 56 of the Health Services and Public Health Act 1968 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>The Public Health (Infectious Diseases) Regulations 1968. The Public Health (Fees for Notifications of Infectious Disease) Order 1968.</p> <p>*As amended by Schedule 4 paragraph 122 to the NHS Reorganisation Act 1973 (see para 2 of Part III of Appendix A)</p>	
Smallpox	As for cholera	<p>Circular 30/68) HM(68)59) dated 27 August 1968 ECL 86/68)</p> <p>"Immunisation against Infectious Disease" - Standing Medical Advisory Committee's booklet issued with the Chief Medical Officer's letter - ML 3/72 dated 10 July 1972.</p> <p>"Communicable Diseases Contracted outside Great Britain" - Standing Medical Advisory Committee's booklet issued with the Chief Medical Officer's letter - ML 4/72 dated 10 July 1972</p> <p>"Memorandum on the Control of Outbreaks of Smallpox, 1964" - issued in October 1964+.</p> <p>"Memorandum on Vaccination against Smallpox 1972" - issued in November 1972+.</p> <p>"Diagnosis of Smallpox Medical Memorandum" revised 1972+.</p> <p>+These three booklets are at present undergoing revision.</p>

Disease	Relevant statutory provisions	Relevant Administrative Guidance
Tetanus	As for malaria	As for acute poliomyelitis
Tuberculosis	<p>Sections 143, 148 to 153, 156 to 158, 164 and 165 of the Public Health Act 1936 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 3 of Part III of Appendix A). Sections 155, 169 and 170 shall apply to tuberculosis of the respiratory tract in an infectious state.</p> <p>Sections 38 (as originally enacted) and 39 to 41 of the Public Health Act 1961 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>Sections 49 to 51 and 56 of the Health Services and Public Health Act 1968 as amended by Schedule 14 and Schedule 29, paragraph 4, to the Local Government Act 1972 (see para 1 of Part III of Appendix A)</p> <p>Section 48* shall apply where the opinion of the medical practitioner that a person is suffering from tuberculosis is formed from evidence not derived solely from tuberculin tests.</p> <p>The Public Health (Infectious Diseases) Regulations 1968. The Public Health (Fees for Notifications of Infectious Disease) Order 1968.</p> <p>*As amended by Schedule 4, paragraph 122 to the NHS Reorganisation Act 1973 (see para 2 of Part III of Appendix A).</p>	<p>Circular 30/68) HM(68)59) dated 27 August 1968 ECL 86/68)</p> <p>"Immunisation against Infectious Disease" Standing Medical Advisory Committee's booklet issued with the Chief Medical Officer's letter - ML 3/72 dated 10 July 1972</p> <p>"Communicable Diseases contracted outside Great Britain" - Standing Medical Advisory Committee's booklet issued with the Chief Medical Officer's letter - ML 4/72 dated 10 July 1972</p> <p>BCG Vaccination - Medical Memorandum - Memo 322/BCG (Revised 1972) issued with the Chief Medical Officer's letter - CMO 19/72 dated 20 September 1972</p> <p>"Tuberculosis, Epidemiology and Control" Standing Medical Advisory Committee's booklet issued with the Chief Medical Officer's letter - CMO 16/73 dated 14 June 1973</p>

Disease	Relevant statutory provisions	Relevant Administrative Guidance
Typhoid Fever	As for diphtheria	As for paratyphoid fever
Typhus	As for cholera	As for dysentery
Whooping Cough	As for leptospirosis	As for acute poliomyelitis
Yellow Fever	As for malaria	As for acute poliomyelitis

APPENDIX B PART II

STATUTORY PROVISIONS AND ADMINISTRATIVE GUIDANCE RELATING TO THE CONTROL OF NOTIFIABLE DISEASE IN AIRCRAFT AND SHIPS

Disease	Relevant statutory provisions	Relevant Administrative Guidance
Infectious diseases as defined in Reg 2(1) of the Public Health (Ships) Regulations 1970, and Reg 2(1) of the Public Health (Aircraft) Regulations 1970, and Tuberculosis	Section 143 of the Public Health Act 1936 Public Health (Ships) Regulations 1970 Public Health (Aircraft) Regulations 1970	Letter dated 17 December 1970 (Ref A/RS9/16) addressed to the Clerks to Port Health Authorities (England), Local Authorities responsible for Port Health at Airports (England), and Riparian Authorities (England) As in Part I of this Appendix in relation to diseases listed there.

APPENDIX B PART III

STATUTORY PROVISIONS AND ADMINISTRATIVE GUIDANCE RELATING TO FOOD POISONING

Under the Food Hygiene Regulations etc (see Part II of Appendix A) persons engaged in the handling of food, including milk, or meat in a slaughterhouse, who become aware that they are suffering from or are carriers of infections likely to cause food poisoning, must inform their employer or manager who in turn must inform the "proper officer". Schedule 5 of the Public Health (Infectious Diseases) Regulations 1968 sets out the measures which may be taken for the protection of public health in these circumstances, and powers are available to the local authority under the Food and Drugs Act 1955 (Section 23) to prevent the spread of disease by ice cream and (Section 27) for the control of food likely to cause food poisoning. There are also powers under the Milk and Dairies (General) Regulations 1959 and the Public Health (Prevention of Tuberculosis) Regulations 1925 relating to the exclusion of milk handlers from their work, and the restriction of the sale of infected milk, in order to prevent the spread of disease. The investigation of the source of infectious or other diseases attributable to shellfish is a duty conferred upon the "proper officer" by the Public Health (Shellfish) Regulations 1934. In all such matters concerning the prevention and control of food poisoning it will be for a medically qualified "proper officer" to carry out the statutory responsibilities and to advise the local authority. Administrative guidance in the case of food poisoning is provided by the following:

- Memo 188/Med "Food Poisoning, steps to be taken in England and Wales by Medical Officers of Health in the investigation and control of Food Poisoning" (1958). This memo is at present undergoing revision.
- The Standing Medical Advisory Committee's booklet on "Food Poisoning" (issued in November 1965).
- Ministry of Health Circular 17/66 (dated October 1966) which provides guidance on brucellosis and milk.

ADMINISTRATIVE GUIDANCE ON CONTROL OF INFECTION IN HOSPITALS AND SCHOOLS

Reference	Title	Date
RHB(50)22 HMC(50)21 BG(50)19	The transmission of information from hospitals to medical officers of health	7 March 1950
RHB(50)75 HMC(50)73 BG(50)69	Control of epidemic disease	17 August 1950
RHB(53)40 HMC(53)36 BG(53)39	Outbreaks of communicable disease in hospital	17 April 1953
HM(56)79	Hospital provision for smallpox	5 September 1956
HM(59)6	Report of the Sub-Committee on Staphylococcal Infections in Hospitals	21 January 1959
HM(67)35	Hospital provision for persons suffering from smallpox	19 June 1967
CM05/71	Memorandum on the control of infectious diseases in schools	30 April 1971

